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ON EPHEMERAL OR CHILD-BED FEVER.

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[The following observations form the substance of a paper by the author, published in the Edin. Med. & Surg. Journal several years ago.]

Lying before me is a memoir of a lady who died soon after the birth of her eighth child. The recovery for some time was good; and the Doctor on taking his leave, remarked that he had never left her better. Next day there were chills; and next again, "fever was raging." From what cause it had originated, and what measures had been used, none could tell, though one of the most eminent medical men in the locality visited her.

Having for about forty years adopted a mode of treatment differing essentially from that usually recommended, and having during this time never had a tedious recovery, or a single death (epidemic puerperal fever excepted) when the patient was wholly under my charge from the commencement, I venture to claim the attention of your readers. The subject resolves itself into the proper treatment of females after the birth of a child. Being a natural process, and the mothers usually in good health, a confinement ought not to be, strictly speaking, an illness, and as it is not in the majority of instances, and might, I believe, be in all, except when the neighbourhood is visited by the terrible epidemic, puerperal fever, I shall attempt to show why an illness, sometimes fatal, occasionally supervenes.

The lady to whom I have alluded, evidently died of ephemer^a, or child-bed fever, and I venture to say that there is no disease which in

* A most inaccurate name which ought to be discontinued, the disease being of longer duration than a day.

more instances arises from ill-directed zeal for a patient's welfare; the following being by no means an infrequent example of the manner in which a patient is treated, both by her unprofessional and professional attendants. A woman, some time after delivery, probably two or three days, or even a week, during sleep perspires, and awakes chilly; she then pulls the bed clothes more closely around her, and puts on another blanket to warm herself. For a short time the uncomfortable sensations of cold are removed, but the perspiration continuing, they soon return with augmented severity. The patient is now sure that she has caught cold, and immediately adopts the necessary measures for removing it. Acting on this principle, she takes copious warm drinks to sweat it out, gets a hot bottle to her feet, and increases the warmth of the apartment. Notwithstanding these vigorous measures for warming herself, and expelling cold, she soon finds that she cannot put her arms, for the shortest period, from beneath the bed-clothes without shivering; and if the same management be perseveringly pursued, in a few days incoherence sometimes comes on, always an omen of great danger, and if the proper remedial measures be not adopted, the forerunner of death.

The treatment now described is founded on the supposition that the woman is cold, and is suffering from cold. Attentive observation, however, will lead to a very different conclusion. Almost as soon as a medical man has an opportunity of making an observation, the pulse will be found to be frequent, and will rise to 120 or upwards, as the disease, or rather as the improper management proceeds; likewise, if the temperature of the patient's skin be examined beneath the bed-clothes, it will be found to be considerably greater than natural, and during the prosecution of the supposed remedial measures, the patient, instead of finding that she is becoming more comfortable, and returning to health, is getting rapidly more oppressed. The truth is, the woman was too warm at the beginning, and has now, by erroneous treatment, been brought into a high fever. When she first awoke, perspiring and shivering, she was for the time overheated, and the shivering was owing to the dampness of the skin, a consequence which follows the cause more readily after delivery than perhaps in any other state of body; the application of warmth temporarily removed the sensation of cold,